



House of Representatives

File No. 670

General Assembly

February Session, 2018

(Reprint of File No. 352)

Substitute House Bill No. 5213
As Amended by House
Amendment Schedule "A"

Approved by the Legislative Commissioner
May 3, 2018

**AN ACT CONCERNING ORAL HEALTH ASSESSMENTS OF
CHILDREN.**

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2018*) (a) Each local or regional
2 board of education shall request that each child enrolled in the public
3 schools submit to an oral health assessment pursuant to the provisions
4 of this section. Such oral health assessment shall be conducted by a (1)
5 dentist licensed pursuant to chapter 379 of the general statutes, (2)
6 dental hygienist licensed pursuant to chapter 379a of the general
7 statutes, (3) legally qualified practitioner of medicine trained in
8 conducting an oral health assessment as part of a training program
9 approved by the Commissioner of Public Health, (4) physician
10 assistant licensed pursuant to chapter 370 of the general statutes and
11 trained in conducting an oral health assessment as part of such a
12 training program, or (5) advance practice registered nurse licensed
13 pursuant to chapter 378 of the general statutes and trained in
14 conducting an oral health assessment as part of such a training
15 program. No oral health assessment shall be made of any child

16 enrolled in the public schools unless the parent or guardian of such
17 child consents to such assessment and such assessment is made in the
18 presence of the child's parent or guardian or in the presence of another
19 school employee. The parent or guardian of such child shall receive
20 prior written notice and shall have a reasonable opportunity to opt his
21 or her child out of such assessment, be present at such assessment or
22 provide for such assessment himself or herself. A local or regional
23 board of education may not deny enrollment or continued attendance
24 in public school to any child who does not submit to an oral health
25 assessment pursuant to this section.

26 (b) Each local or regional board of education shall request that each
27 child submit to an oral health assessment pursuant to subsection (a) of
28 this section prior to public school enrollment, in either grade six or
29 grade seven, and in either grade nine or grade ten. The oral health
30 assessment shall include a dental examination by a dentist or a visual
31 screening and risk assessment for oral health conditions by a dental
32 hygienist, legally qualified practitioner of medicine, physician assistant
33 or advance practice registered nurse. The assessment form shall
34 include a check box for the provider conducting the assessment, as
35 described in subsection (a) of this section, to indicate any low,
36 moderate or high risk factors associated with any dental or orthodontic
37 appliance, saliva, gingival condition, visible plaque, tooth
38 demineralization, carious lesions, restorations, pain, swelling or
39 trauma.

40 (c) If a local or regional board of education hosts a free oral health
41 assessment event at which a provider described in subsection (a) of
42 this section performs an oral health assessment of children attending a
43 public school, the local or regional board of education shall notify the
44 parents and guardians of the children attending the school in advance
45 of the event. Each parent and guardian shall have the opportunity to
46 opt his or her child out of the oral health assessment event. Each child
47 whose parent did not opt him or her out of the oral health assessment
48 event shall receive an oral health assessment, as prescribed in
49 subsection (b) of this section, free of charge. No child shall receive

50 dental treatment of any kind as part of the oral health assessment
51 event unless the child's parent or guardian provides informed consent
52 for such treatment.

53 (d) The results of an oral health assessment performed pursuant to
54 this section shall be recorded on a form supplied by the State Board of
55 Education. Such information shall be included in the cumulative health
56 record of each pupil who submitted to an oral health assessment and
57 kept on file in the school such pupil attends. Each dentist, dental
58 hygienist, legally qualified practitioner of medicine, physician assistant
59 or advance practice registered nurse who performs an oral health
60 assessment pursuant to this section shall completely fill out and sign
61 the form and any recommendations of the dentist, dental hygienist,
62 legally qualified practitioner of medicine, physician assistant or
63 advance practice registered nurse concerning the pupil shall be in
64 writing.

65 (e) Appropriate school health personnel shall review the results of
66 each oral health assessment recorded pursuant to subsection (d) of this
67 section. When, in the judgment of such school health personnel, a
68 pupil is in need of further testing or treatment, the superintendent of
69 schools shall give written notice to the parent or guardian of such
70 pupil and shall make reasonable efforts to ensure that further testing
71 or treatment is provided. Such reasonable efforts shall include a
72 determination of whether or not the parent or guardian has obtained
73 the necessary testing or treatment for the pupil and, if not, advising the
74 parent or guardian as to how such testing or treatment may be
75 obtained. The results of such further testing or treatment shall be
76 recorded pursuant to subsection (d) of this section and shall be
77 reviewed by school health personnel pursuant to this subsection.

78 Sec. 2. Section 10-209 of the general statutes is repealed and the
79 following is substituted in lieu thereof (*Effective July 1, 2018*):

80 (a) No record of any medical examination made or filed under the
81 provisions of sections 10-205, 10-206, 10-207 and 10-214, [or of any]

82 psychological examination made under the supervision or at the
83 request of a board of education, or oral health assessment conducted
84 under section 1 of this act shall be open to public inspection.

85 (b) Each health care provider, as defined in section 19a-7h, who has
86 provided immunizations pursuant to section 10-204a, [and] each
87 health care provider as described in section 10-206 who has provided
88 health assessments pursuant to section 10-206, and each dentist, dental
89 hygienist, legally qualified practitioner of medicine, physician assistant
90 or advance practice registered nurse who has provided an oral health
91 assessment pursuant to section 1 of this act, to a child who is seeking to
92 enroll in a public school in this state shall provide reports of such
93 immunizations, [and] health assessments and oral health assessments
94 to the designated representative of the local or regional school district
95 governing the school in which the child seeks to enroll. Such health
96 care providers shall also report the results of health assessments
97 required pursuant to section 10-206 and report on immunizations
98 provided pursuant to section 10-204a to such representative for each
99 child enrolled in such public school. Such dentists, dental hygienists,
100 legally qualified practitioners of medicine, physician assistants and
101 advance practice registered nurses shall also report the results of oral
102 health assessments performed under section 1 of this act to such
103 representative for each child enrolled in such public school. Each local
104 and regional board of education shall annually designate a
105 representative to receive such reports from health care providers.

106 Sec. 3. Subdivision (2) of subsection (a) of section 20-126l of the 2018
107 supplement to the general statutes is repealed and the following is
108 substituted in lieu thereof (*Effective July 1, 2018*):

109 (2) "Public health facility" means an institution, as defined in section
110 19a-490, a community health center, a group home, a school, a
111 preschool operated by a local or regional board of education, [or] a
112 head start program or a program offered or sponsored by the federal
113 Special Supplemental Food Program for Women, Infants and Children
114 or a licensed child care center, as described in section 19a-77;

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2018</i>	New section
Sec. 2	<i>July 1, 2018</i>	10-209
Sec. 3	<i>July 1, 2018</i>	20-1261(a)(2)

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note***State Impact:*** None***Municipal Impact:*** None***Explanation***

The bill makes various procedural and conforming changes to the oral health assessments of children in schools. It is not anticipated that these changes will result in a fiscal impact, as local and regional boards of education and the State Department of Education have the expertise necessary.

House "A" makes various technical and procedural changes that do not result in a fiscal impact.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis**sHB 5213 (as amended by House "A")******AN ACT CONCERNING ORAL HEALTH ASSESSMENTS OF CHILDREN AND THE PROVISION OF FLUORIDE TREATMENTS BY DENTAL ASSISTANTS.*****SUMMARY**

This bill requires local and regional boards of education to request that students have an oral health assessment prior to public school enrollment, in grade 6 or 7, and in grade 9 or 10. The assessment may be conducted by:

1. a dentist or dental hygienist or
2. a physician or physician assistant (PA) or an advanced practice registered nurse (APRN), if the physician, PA, or APRN is trained in conducting such assessments as part of a training program approved by the Department of Public Health (DPH) commissioner.

Under the bill, if a dentist conducts the assessment, it must include a dental examination. If another such provider conducts the assessment, it must include a visual screening and risk assessment.

Among other related provisions, the bill:

1. allows parents to opt their children out of the assessment and prohibits schools from denying enrollment to a student who has not had the assessment;
2. requires school boards to notify parents or guardians if the board hosts a free oral health assessment event; and
3. requires school superintendents to notify parents or guardians

when school health personnel, after reviewing the assessment results, believe that further testing or treatment is needed.

The bill also adds licensed child care centers to the list of public health facilities at which dental hygienists with two years of experience may practice without a dentist's general supervision.

*House Amendment "A" (1) expands the list of providers who may conduct the oral health assessment to include physicians (not just pediatricians), PAs, and APRNs, (2) makes a technical change by clarifying that the records of all such assessments are exempt from public disclosure, and (3) removes a provision from the underlying bill on dental assistants providing fluoride varnish treatments.

EFFECTIVE DATE: July 1, 2018

§§ 1 & 2 — ORAL HEALTH ASSESSMENTS FOR PUBLIC SCHOOL STUDENTS

Parental Consent

The bill prohibits an oral health assessment as described above from being performed unless (1) the child's parent or guardian consents and (2) the assessment is made in the presence of the parent or guardian or another school employee. The parent or guardian must receive prior written notice and have a reasonable opportunity to opt his or her child out of the assessment, be present at the assessment, or provide for the assessment himself or herself.

The bill prohibits a school board from denying a child's public school enrollment or continued attendance for not receiving such an oral health assessment.

Notice of Free Oral Health Assessment Events

Under the bill, a school board must provide prior notice to the parents or guardians of a school's students if the board hosts a free oral health assessment event at which a qualified provider performs such oral health assessments.

The parents and guardians must have the opportunity to opt their children out of the assessment event. If the parent or guardian does not do so, the child must receive an assessment free of charge.

The bill prohibits the child from receiving any dental treatment as part of the assessment event without the parent's or guardian's informed consent.

Assessment Form; Review by School Health Personnel

Under the bill, the results of an oral health assessment must be recorded on forms supplied by the State Board of Education. The form must include a check box for the provider to indicate any low, moderate, or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling, or trauma.

The provider performing the assessment must completely fill out and sign the form. If the provider has any recommendations, they must be in writing. For any child who receives an oral health assessment, the results must be included in the child's cumulative health record and kept on file in the school.

The bill requires appropriate school health personnel to review the assessment results. When, in the health personnel's judgment, a child needs further testing or treatment, the school superintendent must give written notice to the child's parent or guardian and make reasonable efforts to ensure that further testing or treatment is provided. These efforts must include determining whether the parent or guardian obtained the necessary testing or treatment for the child and, if not, advising the parent or guardian on how to do so.

The results of the further testing or treatment must be recorded on the assessment forms and reviewed by school health personnel.

Record Access and Confidentiality

As under existing law regarding school health assessments, the bill

provides the following for oral health assessments:

1. no records of any such assessment may be open to public inspection; and
2. each provider who conducts an assessment for a child seeking to enroll in a public school must provide the assessment results to the school district's designated representative and a representative of the child.

§ 3 — DENTAL HYGIENISTS

The bill permits dental hygienists with two years of experience to practice without a dentist's general supervision at a licensed child care center. Hygienists with this experience can already practice without such supervision at DPH-licensed health care institutions; community health centers; group homes; schools; preschools operated by local school boards; Head Start programs; and programs offered or sponsored by the Women, Infants, and Children (WIC) program (collectively, "public health facilities").

As is already the case for such practice at other public health facilities, the bill requires hygienists practicing at child care centers to refer to a dentist any patients with needs outside of the hygienist's scope of practice (CGS § 20-126l(f)).

Under existing law, a dental hygienist may substitute eight hours of volunteer practice at a public health facility for one hour of continuing education, up to a maximum of five hours in a two-year period (CGS § 20-126l(g)).

BACKGROUND

Related Bill

sHB 5163 (File 428) (§ 4), reported favorably by the Public Health Committee, adds senior centers to the list of public health facilities at which dental hygienists with two years of experience may practice without a dentist's general supervision.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 0 (03/26/2018)